

Election / #9
Docket No.: PF-0261-2 DIV

5.13.03

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450

on 5/5/03 By: D. E. [Signature] Printed: D. E. [Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hillman et al.

Title: CALCIUM-BINDING PROTEIN

Serial No.: 09/768,840

Filing Date: January 23, 2001

Examiner: Rawlings, S.L.

Group Art Unit: 1653

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

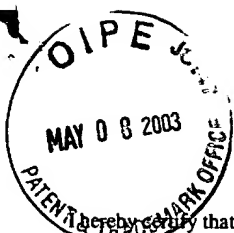
RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 U.S.C. § 121

Sir:

This communication is responsive to the Restriction Requirement and Request for Election dated April 11, 2003, setting a one-month period for response.

IN THE CLAIMS

For the Examiner's convenience, all pending claims are listed below.



1642

Docket No.: PF-0261-2 DIV

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 5, 2003

By: [Signature] Printed: D. Ellis

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hillman et al.

Title: CALCIUM-BINDING PROTEIN

Serial No.: 09/768,840

Filing Date: January 23, 2001

Examiner: Rawlings, S.L.

Group Art Unit: 1642

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TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Restriction Requirement (8 pp.); and
3. Limited Recognition (1 pg.).

The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	20	-	20		0	x\$18.00	0	\$ 0
Indept.	3	-	3		0	x\$84.00	0	\$ 0
First Presentation of Multiple Dependent Claims						+280.00	0	\$ 0
Total Fee:								\$ 0

X No additional Fee is required.

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE CORPORATION

[Signature]
Terence P. Lo
Limited Recognition (37 C.F.R. 10.9 (b)) attached
Direct Dial Telephone: (650) 621-8581

Date: May 5, 2003

3160 Porter Drive
Palo Alto, California 94304
Phone: (650) 855-0555;
Fax: (650) 845-4166

